

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (S-99)

1. CIR./DIST./DIV. CODE CANSJ	2. PERSON REPRESENTED SAEZ, RICARDO	VOUCHER NUMBER
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER CR-07-00507-JF	5. APPEALS DKT./DEF. NUMBER
7. IN CASE/MATTER OF (Case Name) U.S. V. RICARDO SAEZ	8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other... <input type="checkbox"/> Appeal	9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Other... <input type="checkbox"/> Appellant
11. OFFENSE(S) CHARGED (See U. S. Code, Title & Section) If more than one offense, list (up to five major offenses charged) according to severity of offense 21:846 & 841(b)(1)(a)(viii); 21:841(a)(1) &	10. REPRESENTATION TYPE (See Instructions) provisionally appointed CC	

12. ATTORNEY'S NAME (First Name, M. I., Last Name, including any suffix), AND MAILING ADDRESS

MARY ELIZABETH CONN
55 RIVER ST., #100
SANTA CRUZ CA 95060

Telephone Number 831-471-7103

14. NAME AND MAILING ADDRESS (Leave blank if already provided per instructions.)

AUG 27 2007
RICHARD W. WIEKING
CLERK U.S. DISTRICT COURT,
NORTHERN DISTRICT OF CALIFORNIA

13. COURT ORDER

- O Appointing Counsel C Co-counsel
 F Subs For Federal Defender R Sub for Retained Atty.
 P Subs for Panel Attorney Y Standby Counsel

Prior Attorney's Name:

Appointment Date:

Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interest of justice so requires, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR
 Other (See Instructions)

Mar. Judge Lloyd

Signature Of Presiding Judicial Officer Or By Order Of The Court

8/16/2007

Date Of Order

Not For Trial Date

Repayment or partial repayment ordered from the person represented for this service at time of appointment. YES NO

15. CLAIM FOR SERVICES AND EXPENSES

	CATEGORIES (Detailed Itemization of services with dates)	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
15. In Court	a. Arraignment And/or Plea					
	b. Bail And Detention Hearings					
	c. Motion Hearings					
	d. Trial					
	e. Sentencing Hearings					
	f. Revocation Hearings					
	g. Appeals Court					
	h. Other (Specify On Additional Sheets)					
(RATE PER HOUR =)		TOTALS:				
16. Out Of Court	a. Interview and conferences					
	b. Obtaining and reviewing records					
	c. Legal research and brief writing					
	d. Travel time					
	e. Investigative and other work (Specify on additional sheets)					
(RATE PER HOUR =)		TOTALS:				
17.	Travel Expenses (Lodging, parking, meals, mileage, etc.)					
18.	Other Expenses (other than expert, transcripts, etc.)					
GRAND TOTALS (CLAIMED AND ADJUSTED):						

19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM: _____ TO: _____	20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION	21. CASE DISPOSITION
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22. CLAIM STATUS Final Payment Interim Payment Number _____ Supplemental Payment

Have you previously applied to the court for compensation and/or reimbursement for this case? YES NO If yes, were you paid? YES NO
Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? YES NO If yes, give details on additional sheets.

I swear or affirm the truth or correctness of the above statements.

Signature Of Attorney _____ Date _____

23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOT. AMT. APPR./CERT.
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER		DATE		29A. JUDGE/MAG CODE
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount		DATE		34A. JUDGE CODE